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UTILITY **PATENT APPLICATION TRANSMITTAL**

(Only for new nonprovisional applications under 37 CFR 1.53(b))

Attorney Docket No. 86006-6400 **Total Pages** First Named Inventor or Application Identifier M. DREWNIAK et al. EL 884290814 US Express Mail Label No.

	Assistant Commissioner for Patents ADDRESS TO: Box Patent Application Washington, DC 20231							
1. ☑ Fee Transmittal Form (e.g. PTO/SB/17) 7. ☐ CD-ROM or CD-R in duplicate, large table or Co (Submit an original and a duplicate for fee processing) Program (Appendix)	7. CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)							
See 37 CFR 1.27. 3. Specification Total Pages 33 (preferred arrangement set forth below) -Descriptive title of the Invention -Cross Reference to Related Applications -Statement Regarding Fed Sponsored R&D -Reference to Sequence Listing, a table, or a computer program listing appendix -Background of the Invention -Brief Summary of the Invention -Brief Description Claim(s) (if applicable, all necessary) a. Computer Readable Form (CRF) b. Specification Sequence Listing on: ii. CD ROM or CD-R (2 copies); or iii. Paper c. Statements verifying identity of above copies ACCOMPANYING APPLICATION PARTS 9. Assignment Papers (cover sheet & document(s) 10. 37 CFR 3.73(b) Statement Power of Attention (when there is an assignee) 11. English Translation Document (if applicable)	8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary) a.							
19. CORRESPONDENCE ADDRESS								
Customer Number or Bar Code CUSTOMER NO. 28765								
NAME								
ADDRESS								
CITY STATE ZIP CODE								
COUNTRY TELEPHONE FAX								
Name (Print/Type) Jeffrey A. Wolfson (Reg. No. 42,234) For: Allan A. Fanucci (Reg. No. 30,256)								
Signature Selliey a Wolf por Date 2/7/0	2							



WINSTON & STRAWN

200 PARK AVENUE **NEW YORK, NEW YORK 10166-4193** 212-294-6700

ATTORNEY DOCKET NO.: 86006-6400

Assistant Commissioner for Patents Box PATENT APPLICATION Washington, D.C. 20231

Sir:

The following utility patent application is enclosed for filing:

Applicant(s): Marta DREWNIAK

Xia ZHAO

Satchit SRINIVASAN

Executed on: February 5, 2002

February 4, 2002

February 5, 2002

Title of the Invention:

PATENT APPLICATION FEE VALUE

TU	1.7	TIENT ALLEIC	ATION FEE VA	DOE		
TYPE	NO. FILED	LESS	EXTRA	EXTRA RATE	FEE	
Fotal Claims	21	-20	1	\$18.00	\$	18.00
Independent	4	-3	1	\$80.00	\$	80.00
	Minimum Fee					740.00
		Multiple Dependency Fee If Applicable (\$280.00)				0.00
1922			••	Total	\$	838.00
Company of the Compan		50% Reduction for some statement as to the	-\$	0.00		
			TOTAL	FILING FEE	\$	838.00

This application claims the benefit of provisional application no. 60/269,386 under Title 35, United States \boxtimes Code, § 119(e)

 \boxtimes Please charge the required fee to Winston & Strawn Deposit Account No. 501-814. A copy of this sheet is attached.

Respectfully submitted,

Date

For: Allan A. Fanucci

Reg. No. 42,234)

(Reg. No. 30,256)

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